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<div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input type="checkbox"/> Declaration Submitted after Initial Filing</div></div>	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Attorney Docket Number C 2869 PCT/US</div><div style="width: 60%;">First Named Inventor SCHMID, Karl Heinz</div></div> <div style="text-align: center; margin-top: 5px;"><i>COMPLETE IF KNOWN</i></div> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Application Number Filing Date Group Art Unit Examiner Name </div><div style="width: 60%;"></div></div>
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COSMETIC OLIGO- α -OLEFIN CONTAINING COMPOUND☐ is attached hereto☒ was filed on (MM/DD/YYYY)

04/07/2004

 as United States Application Number or PCT International

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/003693	04/07/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐
OR
☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Karl Heinz	Middle Initial		Family Name	SCHMID	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Applicant Authority							
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet										
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
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Inventor's Signature							Date													
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
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Inventor's Signature							Date													
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
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Inventor's Signature							Date													
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City		40597 Duesseldorf			State				Zip				Country		Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name	Stefan			Middle Initial			Family Name	BRUENING			Suffix e.g. Jr.									
Inventor's Signature							Date													
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Post Office Address																				
City		Philadelphia			State		PA		Zip		19118		Country		USA		Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																				